

VALIDATION NO.

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF CUSTOMER SERVICES
P.O. BOX 30310, HONOLULU, HAWAII 96820-0310

ALPHA CODE

LICENSE NUMBER

1	TRADE NAME					
2	ADDRESS 1			ADDRESS 2		
3	DECAL NUMBER					
4	KIND OF LICENSE					
5			BUS. CODE	UNITS	MON. COMP. ON	ANNUAL FEE
	OWNER'S NAME			TYPE OF OWNERSHIP		
SIGNATURE OF APPLICANT						

**APPLICATION
FOR
BUSINESS
PROFESSION
OCCUPATION
LICENSE**